PTO/SB/05 (08-03) Approved for use through 07/31/2006. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. 7313-1-1 OTTO First Inventor URINE COLLECTION DEVICE Title EV347799873US Express Mail Label No.

(Only for new nonprovisional applications under 37 CFR 1.53(b))

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See MPEP ch	APPLICATION ELEMENTS hapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450								
(Submit & Applicar See 37 ' Applicar See 37 ' Specific (preferrec - Descrip - Cross F - Statem - Referer or a cor - Backgre - Brief St Brief Detailec - Claim(s	ed arrangement set forth below) ptive title of the invention Reference to Related Applications nent Regarding Fed sponsored R & D nence to sequence listing, a table, computer program listing appendix round of the Invention summary of the Invention bescription of the Drawings (if filed) and Description	ii Paper	ndix) Sequence Submission Form (CRF) nce Listing on: D-R (2 copies); or							
4. Drawing 5. Oath or Decla a. New b. Copy (for c i. Si ni 1. 6. Applic	g(s) (35 U.S.C. 113) [Total Sheets 3] aration [Total Sheets 2] why executed (original or copy) by from a prior application (37 CFR 1.63(d)) continuation/divisional with Box 18 completed) DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). cation Data Sheet. See 37 CFR 1.76 NUING APPLICATION, check appropriate box, and supplication to title, or in an Application Data Sheet under 37	or its equivalent. 17. Other:	Power of Attorney Jament (if applicable) Copies of IDS Citations (MPEP 503) Emized) Document(s) Junder 35 U.S.C. 122 Just attach form PTO/SB/35							
Prior application information: Examiner Michael G. Bogart Art Unit: 3761 For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.										
	19. CORRESPOND	DENCE ADDRESS								
Custome	er Number: 30448	OR Corres	spondence address below							
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Country (USA Te	elephone (561) 653-5000	Fax (561) 659-6313							
Name (Print/Type	De) Michael K. Dixon	Registration No. (Attorney/Agent)	46,665							
Signature	Milk. AV		Date 11/3/2003							

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL			Complete if Known				
FEE IRANSIMILIA	Application Number		r				
for FY 2004	,	Filing Date					
			Named	Invent	tor OTT	го	
Effective 10/01/2003. Patent fees are subject to annual revision.			Examiner Name				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit				
TOTAL AMOUNT OF PAYMENT (\$) 574.00		Attorney Docket No. 7313-1-1					
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)					
Check Credit card Money Other None	3. 4	3. ADDITIONAL FEES					
Order Order	<u>Large</u>	Large Entity Small Entity					
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Deposit Account Akerman Senterfitt		2 50	2052			- late provisional filing fee or	
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The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments	1812	2 2,520	1812 2	,520 F	or filing a r	request for ex parte reexami	nation
Charge any additional fee(s) or any underpayment of fee(s)		4 920*	1804		Requesting Examiner a	publication of SIR prior to	
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to the above-identified deposit account.		4 440	2254		Examiner a		
FEE CALCULATION	1251 1252		2251 2252			for reply within first month for reply within second montl	h
1. BASIC FILING FEE			2253			for reply within third month	" <u> </u>
Large Entity Small Entity F <u>ee Fee Fee Fee Fee Description</u> Fee Paid	1253 1254	1,480	2254			for reply within fourth month	
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1001 770 2001 385 Utility filing fee 385.00	1401	•	2401		Notice of A		
1002 340 2002 170 Design filing fee 1003 530 2003 265 Plant filing fee	1402		2402			ef in support of an appeal	
1004 770 2004 385 Reissue filing fee	1403		2403			r oral hearing	
.1005 160 2005 80 Provisional filing fee	1451	1 1,510	1451	1,510 F	Petition to i	institute a public use proceed	ding
SUBTOTAL (1) (\$) 385.00	1452	2 110	2452	55 F	Petition to r	revive - unavoidable	
	1453	3 1,330	2453	665 (Petition to	revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1 1,330	2501	665 l	Utility issue	e fee (or reissue)	
Extra Claims below Fee Paid Total Claims 41 -20** = 21 x 9 = 189	1		2502		Design issu		
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Fee Fee Fee Fee Description	1806		1806			n of Information Disclosure S each patent assignment per	ouni ————————————————————————————————————
Code (\$) Code (\$) 1202 18 2202 9 Claims in excess of 20	8021	1 40	8021	F	property (til	mes number of properties)	
1201 86 2201 43 Independent claims in excess of 3	1809	770	2809		Filing a sub (37 CFR 1.	bmission after final rejection .129(a))	
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each a	dditional invention to be	
1204 86 2204 43 ** Reissue independent claims over original patent	180	1 770	2801			(37 CFR 1.129(b)) or Continued Examination (F	, _{CE} ,
1205 18 2205 9 ** Reissue claims in excess of 20	1802		1802	900	Request for	or expedited examination	——————————————————————————————————————
and over original patent	Othe	of a design application					
SUBTOTAL (2) (\$) 189.00 Other fee (specify)						SUBTOTAL (3) (\$)	0.00
SUBMITTED BY (Complete (if applicable))							
Name (Print/Type) Michael K Dixon	Registra	tion No.	46.6	65	Telephone 561-653-		

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